

Opioid Epidemic Evaluation Study Committee  
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The Iowa Department of Public Health has received a SAMSHA grant to address the opioid challenges in Iowa. An initial step in participating in this grant is completion of a needs assessment that will drive the development of a strategic plan for each of the different catchment areas receiving substance abuse block grant funding. Below are some findings from the interviews and data that we collected from our partners in Cedar, Iowa, Johnson, and Washington counties.

- Iowa City police report they have made significant impact on the local distribution of heroin.
- Narcan is not as available among rural law enforcement agencies compared to our urban areas.
- Concern was expressed for elderly members in rural areas from two standpoints; their use of opiates in isolation and potential for accidental overdose, and, vulnerability for robbery and theft, either from unknown individuals or family/friends.
- Our most recent data from patients entering services at Prelude report their primary drug of choice as:
  - Alcohol 38%
  - Amphetamine 30%
  - Marijuana 23%
  - Opiates 8%
  - Cocaine 2%

What's significant in these numbers is the rather low report for opiates, and its total disproportionality to the death rate among opiate users

- About 67% of our patients who report use of opiates live in urban counties while 70% of all patients are from an urban county. Heroin appears evenly distributed between urban vs. rural areas for patients seen at Prelude.

People seeking assistance with opiate abuse expect to have access to medication assisted treatment, Methadone or Suboxone most commonly. We have experienced patients leaving our residential facilities because we were unable to provide MAT. We need to expand accessibility to this evidence based practice.

To make MAT services viable in the state, especially in the rural areas, there needs to be a solid business model for sustaining MAT services after the public spotlight shifts to other concerns. We need reimbursement rates that are sufficient to support efforts to expand MAT, specifically addressing the increase case management activities with this patient population. Referring back to the report of primary drug of choice, I want to point out that Meth has not left our state, but clearly the spotlight has shifted to another substance.

Responding to the opiate crisis, like any other substance crisis, is hampered by the stigma still associated with drug and alcohol abuse. Going back to our interviews for the needs assessment, there was an underlying tone that either the physicians need to do something different, or the treatment agencies need to do something different, or law enforcement needs to do something different, and so on. In fact, we all need to do something different.